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CONFIRMATION NO. 5383

<b>SERIAL NUMBER</b> 10/665,990	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 17023-031001 / 01025
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**APPLICANTS**  
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 Jennifer L. Edwards, Iowa City, IA;

**\*\* CONTINUING DATA \*\*\*\*\***  
*Return*  
 This application is a CIP of 10/621,184 07/15/2003 ABN which is a CIP of 10/066,551 01/31/2002 which claims benefit of 60/266,070 01/31/2001 and claims benefit of 60/310,356 08/06/2001 and claims benefit of 60/344,452 10/23/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 12/16/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> IA	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
53137

**TITLE**  
Vaccine and compositions for the prevention and treatment of neisserial infections

<b>FILING FEE RECEIVED</b> 658	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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